

**MIDB/BUSINESS OBJECTS ACCESS REQUEST
PAYMENT CONTROL - ESCHEATS - EFT UNIVERSES**

A. REQUESTER INFORMATION

1. Employee Name (Last, First, Initial)		2. Employee ID
3. FACS Agency	4. Work Address	
5. Telephone Number	6. E-mail Address	

B. REQUESTED UNIVERSES

- The requester must indicate, and the Agency Security Administrator must verify, the required access from the list.
- "All universes are composed of information subject to the definition of "public record" under section 2(e)(i) and (ii), MCL 15.232(e)(i) and (ii) of the Freedom of Information Act, MCL 15.231 et seq."
- **Agency Restricted** access is restricted to data for requester's home agency.
- **Statewide** includes all agencies.
- Click in the selection box next to required access.

Required Approval	Requested Universes
CFO	Payment Control (Agency Restricted)
CFO	Escheats (Agency restricted)
CFO	EFT (Agency Restricted)
CFO, OFM & TSO	Statewide Payment Control
CFO, OFM & TSO	Statewide Escheats
CFO, OFM & TSO	Statewide EFT
Reason for Requested Access	

C. AGENCY AUTHORIZATION SIGNATURES

I agree to protect my user ID and password from unauthorized use. All access under my user ID is my responsibility. All information I obtain with it shall be used only in the proper conduct of State business.

Requester's Signature	Date
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The requester **must** obtain the Supervisor and Agency Security Administrator signatures as well as the required authorization signatures for the requested MIDB access indicated in Section B.

Supervisor Signature	Date
MIDB Agency Security Administrator (ASA)	Date
Chief Financial Officer (CFO)	Date
Office of Financial Management (OFM)	Date
Treasury Security Office (TSO)	Date

Please keep this document confidential.